Merrimack Valley Regional Transit Authority

Thank you for your interest in a **Statewide Transportation Access Pass** provided by the Merrimack Valley Regional Transit Authority (MVRTA). The information obtained in this certification process will only be used by the MVRTA for the provision of a Statewide Transportation Access Pass. This information will be kept strictly confidential and will not be provided to any other person or agency.

What is it?

The Statewide Transportation Access Pass program is a reduced-fare program for Massachusetts residents who have a disability and use the public transportation system. This pass allows you to pay a reduced fare in your local service area and use other Transit Authority services across the state at a reduced rate (*for fare information in other areas, please contact their Transit Authority directly*).

Who is eligible?

- Individuals with a valid Medicare Card (**NOT** a Mass Health Card)
- Seniors who are 60 years or older
- Elderly and disabled individuals who, by reason of illness, injury, age or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair users and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize Mass transportation facilities and services as effectively as persons who are not so affected.
- Veterans with a disability rating of at least 70%.
- Individuals who are eligible for EZ Trans ADA/ Non-ADA service

How to Apply?

- If you have a valid Medicare Card (**NOT** a Mass Health Card), you are a Veteran with a disability rating of at least 70%, an active EZ Trans passenger or are a Senior who is at least 60 years or older please bring proof of this (or EZ Trans ID number), a picture ID and your notification card (if applicable) to:

Haverhill Transit (25 Washington Square) or Lawrence Transit Center (295 Common Street) to obtain your reduced fare pass

ALL other individuals must complete **Part A** of the attached application. **Part B MUST** be completed by a Licensed Healthcare Professional. **Examples of a Licensed Healthcare Professional include those who can verify your disability and/or health condition, understands your functional abilities and are licensed in their field such as a Physician (M.D.), Licensed Social Worker, Psychologist, Audiologist, Ophthalmologist Registered Nurse or Psychiatrist.**

Once the application is complete, please return it to:

Merrimack Valley Regional Transit Authority
Administration Office
85 Railroad Avenue
Haverhill, MA 01835

The MVRTA will process your application within 14 business days. Incomplete applications will not be processed. Photocopies of **completed** applications will not be accepted. If the MVRTA determines that you are not eligible for a Transportation Access Pass, you are entitled to a hearing to appeal this decision. A copy of the appeal procedure is mailed with each letter of ineligibility.

Cost: There is no cost to Senior's or Medicare Card holders. The cost for all other individuals is $3.00 (cash only). If the card is lost or stolen, everyone is subject to a $5.00 replacement fee.

Where to call if you have questions?

Please do not hesitate to call (978) 469-6878 and select option #2 with any questions that you may have.

Updated 7/1/13

PART A: TO BE COMPLETED BY THE APPLICANT

(NOTE: PLEASE PRINT CLEARLY; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED)

TODAYS DATE: _____

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street/ Apt#) (City) (State/Zip)

MAILING ADDRESS (if different from above)

ADDRESS: _____
(Street/ Apt#) (City) (State/Zip)

MALE/FEMALE: _____ **DATE OF BIRTH:** _____ **AGE:** _____
(Circle one)

HOME PHONE: _____ **ALTERNATE PHONE:** _____
(List at least one phone number to reach the applicant)

****Please include on a separate piece of paper any other important contacts and/or information.***

Applicant's Release of Information

I hereby authorize the medical professional completing **PART B** of the MVRTA Transportation Access Pass application to release to the MVRTA any information necessary to complete this certification. I understand that all medical information, which is provided about my disability, will be kept strictly confidential within the limits of the law and shall not be released without my prior written approval or a court order. I understand that the MVRTA shall have the right and opportunity to contact the professional completing this part to obtain additional information about my disability and eligibility for the Transportation Access Pass program. I understand that if any of the statements made on this application are false or inaccurate, I may lose the privileges granted under the Transportation Access Pass program. Unless earlier revoked, this form will permit the professional completing **PART B** to release the information described up to 60 days from the date below.

Applicants Name (please print clearly): _____

Applicants Signature: _____

Date: _____

PART B: REQUEST FOR PROFESSIONAL VERIFICATION

This section is to be completed by an Approved Licensed Healthcare Professional who can verify the applicants disability and/or health condition, understands his/her functional abilities and is licensed in their field such as a: Physician (M.D.), Licensed Social Worker, Psychologist, Audiologist, Ophthalmologist, Registered Nurse or Psychiatrist.

Physician Instructions: The applicant must meet at least one of the MVRTA Transportation Access Pass program eligibility criteria listed in **PART C** of this application. If you wish to submit more specific information about the nature and extent of the applicant's disability which you think will help make a determination of eligibility, please provide it on letterhead and attach it to this application.

1. Is the applicant disabled according to at least one of the criteria listed in Part C?

   ○ Yes ○ No If yes, please list the criteria number from Part C: _____

2. What is the nature of the applicant's disability?

   _____

   _____

3. Please describe in detail how the applicant's disability severely limits one or more life function:

   _____

   _____

4. Is the disability a permanent condition?

   ○ Yes ○ No If no, please estimate the length of disability in months: _____

5. Does the applicant use any of the following mobility aids or equipment when traveling outside the home? (Please check all that apply)

   _____ Manual wheelchair
   _____ Power scooter/wheelchair
   _____ Walker
   _____ Guide Cane/ Cane
   _____ Crutches
   _____ Respirator/ Oxygen tanks
   _____ Service Animal (guide dog etc…)
   _____ Does not use a mobility aid
   _____ Other (please specify)
   _____

6. Does the applicant reside at an inpatient assisted living facility?

   ○ Yes ○ No If yes, please estimate the expected duration in months: _____

To the best of my knowledge, the information contained in this application is correct

_____ **(Company/ Agency Name)**

_____ **(Phone Number)**

_____ **(Licensed Healthcare Professional Name and Title) PLEASE PRINT**

_____ **(License, Registration#)**

_____ **(Signature)**

_____ **(Date)**

PART C: QUALIFYING CRITERIA FOR INDIVIDUALS WITH A DISABILITY

1. Any individual who cannot walk more than 200 feet to a bus route or final destination without the use of a mobility aid (ex: wheelchair, power scooter, crutches, walker etc.)

2. Any individual who has less than 20/200 vision with best correction or a field restriction of 20 degrees or less. Any applicant who is legally blind must submit (with this application) a certificate of blindness from the Mass Commission for the Blind (800) 392-6450.

3. Persons disabled because of Hearing Impairments manifested by one or more of the following:
    a. Better ear pure tone average of 90dB HL (unaided) for tones at 500, 1000, 2000 Hz or;
    b. Best speech discrimination score at or below 40% (unaided) as measured by standardized testing materials.

4. Any individual with a G.A.F of 60 or less

5. Any individual who is a Veteran with a disability rating of at least 70%

6. Any individual who has a Medicare Card (**NOT** a Mass Health Card)

7. Seniors who are 60 years or older

8. Elderly and disabled individuals who, by reason of illness, injury, age or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair users and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize Mass transportation facilities and services as effectively as persons who are not so affected.

9. Any individual who is an eligible for EZ Trans ADA or Non-ADA service